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	Subclass	ISSUE CLASSIFICATION
	Class	

PATENT NUMBER

U.S. UTILITY Patent Application

O.I.P.E.
SCANNED *[Signature]* Q.A. *[Signature]*

PATENT DATE

APPLICATION NO. 09/532729	CONT/PRIOR D	CLASS 424 417	SUBCLASS 937	ART UNIT 1705 3713	EXAMINER <i>[Signature]</i>
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Autologous platelet gel spray delivery system

PTO-2040
12/89

ISSUING CLASSIFICATION

Continued on Issue Slip Inside File Jacket

TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.				NOTICE OF ALLOWANCE MAILED	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____				ISSUE FEE	
				Amount Due	Date Paid
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.				ISSUE BATCH NUMBER	
				(Legal Instruments Examiner)	(Date)

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